



WRECKER MONTHLY REPORT

BUSINESS NAME	WRECKER LICENSE/PLATE NO.	REPORT FOR MONTH OF
ADDRESS	CITY	STATE
ZIP CODE		

A. YARD NUMBER	B. YEAR	C. MAKE	D. MOTOR OR VEHICLE IDENTIFICATION NUMBER	E. SUPPORTING DOCUMENTS	F. LICENSE NUMBER, STATE & YEAR	G. PURCHASE		MEETS VALUE THRESHOLD ?	
						DATE	FROM WHOM		
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>
								YES <input type="checkbox"/>	NO <input type="checkbox"/>

I certify that: (1) the vehicles listed were legally purchased for the purpose of my vehicle wrecker business; (2) the license plates listed have been destroyed, as required; (3) this is a true report of all vehicles and vehicle salvage purchased by me in the last 30 days.

REPORT IS DUE BY THE 10TH OF THE FOLLOWING MONTH
PLEASE SEE REVERSE FOR INSTRUCTIONS
AND EXPLANATION OF **VALUE THRESHOLD**

X

SIGNATURE OF MOTOR VEHICLE WRECKER

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent
	Notary's Name (PRINTED or STAMPED) _____	
	Dealer No. OR	
	AND: County / Office No. OR	
	Title _____	
	Notary / Agent	
	Notary Expiration Date _____	

INSTRUCTIONS

The information listed below is provided to assist you in preparing your monthly reports.

1. DUE DATE

- Please submit this report to the Department of Licensing by the 10th of the following month.
- To avoid delay and additional costs, please maintain a copy of all report sheets for each report in your files.

2. SUPPORTING DOCUMENTS

- The assigned number must be clearly marked and legible for all vehicles on all documents submitted with the report.
- Titles and releases of interest should be signed by the legal owner.
- All copies of original documents must be notarized.
- License plate numbers and vehicle identification (VIN) numbers should be clearly legible on each document.

3. FILLING OUT THE MONTHLY REPORT

A-G: Please fill out each section completely, for each vehicle you are reporting.

E: Please list all supporting documents that are attached to the report.

F: Please list the license plate number of the car and the state in which it was titled.

G: The date the car was purchased by you, and from whom you purchased this vehicle **MUST** be included.

VALUE THRESHOLD

(If you are on-line, click on the box to the left for more information, or go to:
<http://www.wa.gov/dol/vehicles/tr-salvage.htm>)

Based-on the “salvage vehicle” definition in RCW 46.12.005, mark "YES" if the vehicle meets the following criteria:

- passenger car, light-duty truck with a gross weight of 12,000 pounds or less, or a sport utility vehicle; **and**
- at least six years old but not more than twenty years old, **and**
- meets the current market value threshold

Otherwise, mark "NO".

- Your signature, witnessed by a notary, completes the form.
- *If no vehicles are received during the month, simply write “NONE”, sign and send the report to the department.*

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.*